



ALABAMA DEPARTMENT OF TRANSPORTATION SMALL BUSINESS ELEMENT (SBE) PROGRAM APPLICATION

Pursuant to 49 CFR Part 26 paragraph 26.39, the Alabama Department of Transportation Small Business Element (SBE) Program is a race-neutral program designed to provide select contracting opportunities to small businesses on federally funded projects. To qualify as a Small Business Element, a firm's gross revenues (as defined by 13 CFR 121.104) shall not exceed \$22.41 million.

Type of Business: _____

Firm Name: _____ Federal Employee ID#: _____

ALDOT Contractor ID#: _____

Owner's Name _____

Physical Address _____

County _____

Mailing Address _____

County _____

Telephone No. _____ Ext. _____ Fax No. _____

E-mail Address _____

Number of Employees: Full-time _____ Part-time _____ Total _____

Specify the gross receipts of the firm for the last three (3) years:

Year	_____	Total receipts	\$	_____
Year	_____	Total receipts	\$	_____
Year	_____	Total receipts	\$	_____

Please provide documentation (copies of the firm's federal tax returns) to support the specified gross receipts cited above.

RETURN COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO:

Alabama Department of Transportation
Compliance and Business Opportunities Bureau
Disadvantaged Business Enterprise (DBE) Program
ATTN: SMALL BUSINESS ELEMENT (SBE) PROGRAM
2720 Gunter Park Drive West
Montgomery, AL 36109
1-800-269-5081 OR 1-334-244-6270
Fax: 334-260-5313

AFFIDAVIT OF CERTIFICATION

(complete in ink)

The undersigned does hereby swear that he/she is a duly authorized representative of _____ (company name), holding the position of _____ and that the foregoing statements and attachments are true, accurate, and complete and include all the information necessary to complete this application.

Further, I understand that any misrepresentation will be grounds for denial, decertification and/or termination of any contract, which may have been awarded, and possible action under appropriate Federal or State laws.

If, after filing this application, there are any changes in the ownership of this business or in any information submitted, I will notify the Alabama Department of Transportation, Compliance and Business Opportunities Bureau, Small Business Element Program within 30 calendar days; and I understand that failure to do so may result in the loss of my certification as an SBE.

Signature of Applicant

Title

Printed Name of Applicant

Date

NOTARY PUBLIC ACKNOWLEDGMENT

State of _____

County of _____

On _____ before me, _____ personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)